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## APPLICANTS

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\*\* CONTINUING DATA

*acd*  
*none*

\*\* FOREIGN APPLICATIONS

*acd*  
*none*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

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*OKay*

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY OH	SHEETS DRAWING 0	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 2
Verified and Acknowledged Examiner's Signature: <i>Heisler</i>	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Initials: <i>JL</i>				

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TITLE  
Airsleeve

FILING FEE RECEIVED 770	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other <input type="checkbox"/> Credit
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